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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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CORRESPONDENCE ADDRESS**

Application Number	10/803,224
Filing Date	03/18/2004
First Named Inventor	ELISHEVA KILION
Art Unit	3751
Examiner Name	FFTSUGA
Attorney Docket Number	1.1N 1129

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

☐ all the attorneys/agents of record.☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or☒ the attorneys/agents associated with Customer Number 34356

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: PATENT HAS BEEN GRANTED, LEGAL SERVICES HAVE BEEN RENEWED PER CLIENT'S ENGAGEMENT LETTER.

CORRESPONDENCE ADDRESS1. ☐ The correspondence address is NOT affected by this withdrawal.2. ☒ Change the correspondence address and direct all future correspondence to:☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name ELISHEVA KILION

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Date 05/02/2006

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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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